VZCZCXRO2781
RR RUEHDE RUEHROV RUEHTRO
DE RUEHNR #0828/01 0520753
ZNR UUUUU ZZH
R 210753Z FEB 07
FM AMEMBASSY NAIROBI
TO RUEHC/SECSTATE WASHDC 7611
INFO RUCNSOM/SOMALIA COLLECTIVE
RUEHRN/USMISSION UN ROME 0098
RHEHNSC/NSC WASHDC
RHMFIUU/CJTF HOA
RHMFIUU/CDR USCENTCOM MACDILL AFB FL
RUEKJCS/SECDEF WASHDC
RUEKJCS/JOINT STAFF WASHDC

UNCLAS SECTION 01 OF 05 NAIROBI 000828

SIPDIS

AIDAC

USAID/DCHA FOR MHESS, WGARVELINK, LROGERS
DCHA/OFDA FOR KLUU, GGOTTLIEB, AFERRARA, ACONVERY,
MLUTZ, KCHANNELL
DCHA/FFP FOR WHAMMINK, JDWORKEN
AFR/AFR/EA FOR JBORNS
STATE FOR AF/E, AF/F AND PRM
STATE/AF/E FOR NGARY
STATE/F FOR ASISSON
STATE/PRM FOR AWENDT, MMCKELVEY
NSC FOR TSHORTLEY
USUN FOR TMALY
BRUSSELS FOR PLERNER
GENEVA FOR NKYLOH
USMISSION UN ROME FOR RNEWBERG

SIPDIS

E.O. 12958: N/A
TAGS: EAID PHUM PREL SO

SUBJECT: SOMALIA DART SITUATION REPORT 15 - THE CLUSTER
APPROACH IN SOMALIA

NAIROBI 00000828 001.2 OF 005

SUMMARY

The UN Office for the Coordination of Humanitarian Affairs (OCHA) conducted a self-assessment of Somalia's pilot cluster system in October 2006. OCHA noted significant improvement in coordination among UN agencies, non-governmental organizations (NGOs), and international organizations (IOs), with reductions in program overlaps. However, OCHA also discovered weaknesses in cluster leadership, funding mechanisms, and Nairobi-field communications. The USG Disaster Assistance Response Team (DART) has received mixed reviews of the cluster approach in Somalia, yet notes significant improvements in gap analysis and strategic planning. End summary.

BACKGROUND

¶1. OCHA and UN Inter-Agency Standing Committee (IASC) principals endorsed a cluster approach to international responses to humanitarian crises in 2005. The UN cluster system was designed as a global mechanism to address and identify gaps in response efforts and enhance the quality of humanitarian action. The central coordination approach aims to improve the effectiveness of humanitarian response by ensuring greater predictability and accountability while at the same time strengthening partnerships between NGOs, IOs, and UN agencies.

¶2. At the country level, this approach aims to better

prioritize available humanitarian resources by clarifying the division of labor among organizations, better define roles and responsibilities of humanitarian organizations, and provide a point of contact and a provider of last resort in all key sectors or areas of activity.

¶3. The UN cluster system comprises nine groups defined by technical and cross-cutting themes along common service areas. The formal clusters and lead agencies are provided below:

-- nutrition: the UN Children's Fund (UNICEF);

-- health: the UN World Health Organization (WHO);

-- water and sanitation: UNICEF;

-- emergency shelter for internally displaced persons (IDPs): the Office of the UN High Commissioner for Refugees (UNHCR), and the International Federation of the Red Cross (IFRC) as the convening agency;

-- camp coordination and management for IDPs: UNHCR and the International Organization for Migration (IOM);

-- protection: UNHCR and UNICEF;

-- early recovery: the UN Development Program (UNDP);

-- logistics: the UN World Food Program (WFP);

-- emergency telecommunications: OCHA, UNICEF, and WFP.

¶4. Formal clusters have not been designated for sectors where the leadership and accountability is

clear, such as the UN Food and Agriculture Organization (FAO) leadership for agriculture, UNICEF coordination of education, and WFP coordination of food assistance.

¶5. Not all humanitarian emergencies will require all nine formal sectors at the country level and the system allows for clusters to be merged, such as health, nutrition, and food and agriculture. Additional issues, such as early recovery planning, may be integrated into existing clusters.

¶6. According to OCHA, country level clusters should adhere to norms, policies, and internationally recognized standards. Cluster leads are expected to report to the UN country Humanitarian Coordinator while at the same time report through their agency specific hierarchy. Lead agencies may appoint full-time staff to work as dedicated cluster chairs if warranted by the scope of the emergency.

SOMALIA'S CLUSTER SYSTEM

¶7. The Somalia IASC requested that a pilot cluster system be adopted in Somalia, and in January 2006, OCHA identified and rolled out eight clusters: food led by WFP, agriculture and livelihoods led by FAO, health led by WHO, nutrition led by UNICEF, water and sanitation led by UNICEF, education led by UNICEF, protection led by UNHCR, and logistics led by WFP. There is no formal UN cluster for education in Somalia.

¶8. OCHA has identified early recovery as a cross cutting theme for each cluster, hence it has not been given formal cluster status. An early recovery working group was established under UNDP in late 2006 and will link with the Somalia Reconstruction and Development Plan (RDP) that UNDP is spearheading.

¶9. While cluster meetings are held in Nairobi, coordination meetings in regional hubs inside Somalia, such as Wajid and Bossaso, bring NGOs together with local counterparts and provide information to Nairobi-based staff.

¶10. Somalia's cluster system has faced resistance over the past year. The Somalia Support Secretariat (SSS), formerly the Somalia Aid Coordination Body (SACB), had been facilitating sector coordination among international and local NGOs, UN agencies, and IOs since the early 1990s. Health, as the largest sector, has a dedicated chairperson to facilitate meetings, ensure information flow between stakeholders, prepare contingency plans, and act as the focal person for emergency planning and response. The introduction of UN clusters, which initially paralleled SACB activities, created frustration and stress due to duplicative meetings, repetitive agendas, and the perceived lack of capacity among some lead agencies and cluster chairpersons.

¶11. Some of the clusters immediately incorporated existing working groups, such as the nutrition and water, sanitation, and hygiene (WASH) clusters both led by UNICEF. Following an initial cumbersome separation of emergent WASH issues from recovery and development focused activities, one integrated group now addresses the full spectrum of water, sanitation, and hygiene

needs and responses. The WASH cluster was very effective during the 2005-2006 drought period, outlining coherent response plans at that critical time.

¶12. The nutrition cluster has strengthened early warning mechanisms with the aid of a former FAO Food Security Analysis Unit (FSAU) nutrition surveillance officer seconded as cluster chair to UNICEF. The cluster has standardized protocols in malnutrition management and nutrition survey procedures, increased the number of supplemental and therapeutic feeding programs throughout Somalia, and continues to map nutrition focused interventions and analyze gaps in coverage.

¶13. The livelihoods cluster has integrated the existing SSS food security working group to address agriculture, livestock, and fishery issues. While the livelihoods cluster had developed and facilitated an emergency response plan for drought-affected regions of Somalia, they have been much slower to respond to Rift Valley fever in recent weeks. The cluster adequately shared information on the situation, but FAO, as the cluster lead, has been slow to operationalize significant responses.

¶14. The protection cluster, led by UNHCR, has successfully raised the profile of protection issues within the humanitarian community. Initiatives include a protection monitoring network, population movement tracking, and a focus on IDPs including an IDP profiling exercise. While the protection cluster has focused on gap analysis and coordination, operational response efforts have been minimal. However, the heightened profile of IDPs has resulted in prioritization of IDP needs in the 2007 UN Consolidated Appeals Process (CAP).

¶15. The health cluster is probably the weakest and least effective cluster in Somalia. WHO, the health cluster lead, has limited technical expertise to address, coordinate, and implement health-related activities beyond polio eradication and health information systems. Additionally, high turnover of

cluster chairpersons has resulted in poor continuity of leadership.

¶16. NGOs have been critical of WHO's decision not to integrate the health cluster into the existing SSS health sector committee. WHO has instead maintained parallel meetings that duplicate SSS health committee meeting agendas. Attendance at WHO cluster meetings tapered significantly after the first few months and the two entities eventually merged in late 2006 under the direction of an SSS health chairperson. While WHO is still the cluster lead agency, in reality the SSS health sector chairperson leads the health cluster, and WHO has minimal representation in this forum.

OCHA ASSESSMENT OF THE CLUSTER SYSTEM IN SOMALIA

¶17. OCHA Somalia conducted an in-country self assessment of the cluster system in October 2006 and noted wide variation in cluster performance. Most clusters have avoided duplicating drought-focused relief efforts through mapping agency activities,

capacities, and geographic areas of coverage. OCHA concluded that significant overlaps in coverage have been reduced due to greater prioritization of activities.

¶18. OCHA Somalia cited weak leadership and poor dissemination of cluster lead roles and responsibilities. OCHA also stated that a proper analysis of prior coordination mechanisms should have preceded adoption of the new cluster approach. Recommendations following the assessment call for clusters to be led by persons of high caliber, with emergency coordination experience, who can draw in a wide variety of actors and provide a vision of consultative strategies, workplans, and agreed-upon indicators and targets.

¶19. OCHA Somalia also highlighted the sometimes antagonistic relationship between NGOs and UN agencies. Some UN agencies have adopted patronizing positions, viewing NGOs as the implementers, thereby compromising the spirit of partnership. Also, NGOs often prefer not to be closely associated with the UN to avoid blurring the distinction between political and humanitarian agendas. OCHA Somalia noted a need to address the roles of UN and local and international NGOs, while maintaining equity and respect for the autonomy of individual agencies.

¶20. Local and international NGOs can include emergency projects for funding through the CAP process; they can also apply for project funding through the OCHA Humanitarian Response Fund (HRF). The cluster lead agencies are requesting that NGOs channel not only CAP and HRF projects for review and endorsement, but also NGO projects that receive direct donor support outside the CAP and HRF process. For some NGOs there is little advantage in accessing funding through the cluster system, especially if they are able to secure funds directly from donors. In addition, NGOs have strong feelings of neutrality and independence that cannot be overshadowed by participation in the UN cluster system or accessing funds through the UN system.

¶21. According to OCHA Somalia, direct donor funding to NGOs without endorsement of NGO proposals from the relevant cluster signals less than full donor support for the cluster mechanism. OCHA Somalia recommends evaluating the role of donors and funding mechanisms to identify a solution that is acceptable to all parties.

¶22. Lastly, the assessment reviewed field-level

coordination. OCHA Somalia observed that despite improvements in field-level coordination with the cluster approach, a disconnect still exists between Nairobi and the field. OCHA Somalia noted that insecurity and poor access to certain locations in Somalia contribute to this issue. Because of years of insecurity in Somalia, the substantial humanitarian community serving Somalis is largely based in Nairobi.

¶23. OCHA Somalia determined that the cluster system is viable, but that it is too early in the ongoing learning process to make final conclusions regarding overall effectiveness.

CONCLUSIONS

¶24. The cluster approach in Somalia has received mixed reviews, as identified by OCHA's assessment, USAID's Office of US Foreign Disaster Assistance (OFDA) discussions with NGO partners, and direct observations by USAID officers. OCHA highlighted significant areas of concern, however, some of the critical issues could be resolved if recommendations highlighted in the OCHA self-assessment are adopted.

¶25. OFDA has seen significant improvement in multi-sector coordination, the formation of strategic plans, and gap analysis, with greater NGO involvement from Nairobi and the field since the inception of the cluster system. The nutrition and WASH clusters, and to some extent the livelihoods cluster, have had a significant positive impact on information sharing, coordination, planning, and initiating appropriate responses during the 2006 drought and recent flood crisis. However, the health and livelihoods clusters' response to Rift Valley fever in southern Somalia has been less impressive, in part due to ongoing insecurity in affected areas, but also due to insufficient contingency planning by cluster leads.

¶26. OFDA's greatest concern relating to the cluster system is WHO's ability to lead the health cluster, as its ability to perform this task at the Somalia country level is questionable. Unless WHO expands its in-country technical capacity to coordinate at the field level, strengthens disease surveillance, and recruits a cluster chairperson to facilitate a strategic plan with indicators and benchmarks, health sector coordination should be managed by the SSS. UNICEF, with greater operational capacity and historically a leader in health sector coordination, could provide additional input and support.

¶27. Donor support for the cluster approach needs to be addressed by the wider UN and donor community. It is not feasible to mandate that donors only fund implementing partners through the cluster system, as not all clusters have the technical or programmatic expertise to provide objective feedback and funding recommendations. There is also a clear risk of conflict of interest, with UN agencies acting as cluster lead, program implementer, and donor, for the UN cluster leads to process international NGO funding proposals.

¶28. The role of OCHA as monitor for cluster performance is of concern, and OFDA recommends that OCHA implement a mechanism to address non-performing cluster leads. The DART will continue to participate in key cluster meetings and facilitate the flow of information on critical issues as they arise, and continue to provide feedback to OCHA on cluster performance issues.

RANNEBERGER